

PUBLIC HEALTH AND PRIVATE LIVES

BY

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A RESPONSE ON RECEIVING
THE COSMOS CLUB AWARD 1989

COSMOS CLUB

WASHINGTON DC

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I WOULD LIKE TO DEDICATE THESE
REMARKS TO THE MEMORY OF THE
~~COSMOS CLUB MEMBER FOR MANY~~
~~YEARS, AND THE MAN~~
MAN WHO PROPOSED ME FOR MEMBERSHIP
FRANK E GAEBELEIN.

INTERPRET MT. CLIMBER, CONCERT
PIANIST, BIBLICAL SCHOLAR,
HISTORIAN, AND BOYS SCHOOL
HEADMASTER. I THINK OF HIM
AS I THANK YOU FOR THE HONOR
OF RECEIVING THE COSMOS CLUB
AWARD

I WANT TO THANK YOU FOR THE HONOR OF RECEIVING THE COSMOS CLUB AWARD. AS YOU MAY KNOW BY NOW, I AM PRECISELY ON THE 19TH DAY OF MY LIFE IN THE PRIVATE SECTOR,.... WHERE I PLAN TO CONTINUE MY CONCERNS AS A PUBLIC SERVANT, / PUBLIC SERVICE, FOR SOME OF US, IS A REWARD IN ITSELF. BUT FOR ME, PUBLIC SERVICE, WITH THE APPRECIATION AND GRATITUDE I HAVE RECEIVED FROM THE PUBLIC, IS ALSO SOURCE OF HUMILITY AND DEEP PERSONAL SATISFACTION. TONIGHT, THEN, I'D LIKE TO TALK ABOUT THE EXPERIENCES OF CITIZEN C. EVERETT KOOP, AS HE PARTICIPATED IN ONE CORNER OF THE AMERICAN NATIONAL GOVERNMENT OVER THE PAST 8 YEARS.

BUT LET ME WARN YOU THAT THIS WILL NOT BE AN EVENING OF "KISS-AND-TELL." I DON'T FIND THAT BEHAVIOR TO MY TASTE AT ALL. ALSO, AS A PRACTICING SURGEON FOR NEARLY 40 YEARS, I STILL CARRY THE INGRAINED HABIT OF NOT VIOLATING THE CONFIDENCES OF A PATIENT. NOT THAT EVERYONE IN WASHINGTON REQUIRES SPECIAL CARE ... WELL, CERTAINLY NOT EVERYONE.

BUT LET ME BEGIN. FIRST, I MUST TELL YOU THAT THE PRIVILEGE OF BEING SURGEON GENERAL HAS BEEN THE MOST DEMANDING AND MOST EXCITING POSITION I HAVE EVER HELD. I AM STILL GRATEFUL TO PRESIDENT REAGAN FOR HAVING NOMINATED ME IN 1981 AND FOR HIS RE-NOMINATION OF ME IN 1985.

YOU MAY REMEMBER, I'M SURE, THAT MY NOMINATION WAS NOT WITHOUT SOME CONTROVERSY, WHICH IS PUTTING IT AS DELICATELY AS I CAN. / IN PRIVATE LIFE I HAD BEEN AN OUTSPOKEN PERSON WITH VERY STRONG OPINIONS ON IMPORTANT ISSUES. AND THESE OPINIONS -- AND MY AGE, 65 -- WERE USED AS ARGUMENTS AGAINST MY BEING THE COUNTRY'S SURGEON GENERAL. THE CONGRESS AND MANY PEOPLE ACROSS THE COUNTRY DEBATED THESE MATTERS FOR ABOUT 8 MONTHS. BUT I DID, TOO.

I ASKED MYSELF IF I SHOULD -- OR COULD -- VOW TO BE A CHANGED PERSON IN ORDER TO GAIN THE SENATE'S APPROVAL.

SHOULD I, FOR EXAMPLE, DEPOSIT MY RELIGIOUS BELIEFS IN A BLIND TRUST? SHOULD I DONATE MY MORAL VALUES TO SOME WORTHY CHARITY?

BEFORE MOVING TO WASHINGTON, SHOULD I PACK AWAY MY ETHICS IN AN ATTIC TRUNK?

AND I SAID, "NO ... NONE OF THE ABOVE." I TRULY BELIEVED THEN -- AND I BELIEVE NOW -- THAT THE BEST APPROACH YOU CAN MAKE TO PUBLIC SERVICE IS TO PROMISE TO GIVE IT EVERYTHING YOU HAVE ... OF WHATEVER IT IS YOU DO HAVE ... TO DRAW TO THE FULLEST EXTENT FROM YOUR OWN STOREHOUSE OF KNOWLEDGE AND PERSONAL LIFE EXPERIENCE ... AND TO SQUEEZE OUT EVERY OUNCE OF GOOD JUDGMENT, OF DEEP FELLOW FEELING, AND OF LOVE OF COUNTRY.

AS I SAY, THAT WAS MY APPROACH AND I THINK IT WAS AND IS THE RIGHT ONE. BUT IT DOESN'T MAKE THE ASSIGNMENT ANY EASIER / ON THE CONTRARY, THIS APPROACH MERELY MADE ME MORE RECEPTIVE TO THE NEW INFORMATION THAT I WOULD BE ABSORBING IN THIS POSITION.

LIKE MANY OTHERS WHO ARE CALLED TO WASHINGTON, I
TOO FELT GREAT PRIDE IN BEING ABLE TO SERVE MY COUNTRY ...
AND I TOO HAVE BEEN FORCED TO DISCOVER THINGS ABOUT
MYSELF AND MY COUNTRY THAT I DID NOT FULLY UNDERSTAND
UNTIL THIS EXPERIENCE.

AND THAT'S PROBABLY THE PREMISE OF MY REMARKS
TONIGHT : THAT GOVERNMENT SERVICE FORCES YOU TO KNOW
MORE THAN YOU DO KNOW -- EVEN MORE THAN YOU MAY CARE
TO KNOW -- ABOUT THE WAY OUR DEMOCRACY WORKS ... ABOUT
THE MOTIVES, GOOD AND BAD, OF YOUR FELLOW CITIZENS --
INCLUDING COLLEAGUES AND CLOSE FRIENDS ... AND ABOUT
YOURSELF.

I DO NOT BELIEVE YOU CAN TRULY PREPARE YOURSELF FOR THE EXPERIENCE, BECAUSE I DO NOT BELIEVE YOU CAN REALLY PREDICT HOW YOU WILL ACT IN A SITUATION AFFECTING THE LIVES OF A FEW -- OR A FEW MILLION -- TOTAL STRANGERS.

AND IN THE HEADY EXCITEMENT OF BEING CALLED BY THE PRESIDENT ... OF BEING FOLLOWED AROUND BY THE PRESS ... OF LATE-NIGHT CONVERSATIONS WITH POWERFUL SENATORS AND CONGRESSMEN ... WHEN ALL THIS IS HAPPENING, YOU CANNOT -- AT THE SAME TIME -- TRULY UNDERSTAND WHAT YOUR JOB IS GOING TO BE LIKE.

YOU SIMPLY DONT KNOW.

AND YOU DONT DARE ASK.

IN

I HAD NOT BEEN ^{IN} GOVERNMENT VERY LONG -- LESS THAN 6 MONTHS -- WHEN I HAD TO CONFRONT THESE DIFFICULT TRUTHS FOR THE FIRST TIME. THE INCIDENT WAS TRIGGERED NOT BY ANY EXTRAORDINARY EVENT IN WASHINGTON BUT BY A WHAT COULD HAVE BEEN AN OBSCURE EVENT IN BLOOMINGTON, INDIANA.

ON APRIL 8, 1982, IN BLOOMINGTON HOSPITAL A LITTLE BOY WAS BORN WITH MULTIPLE CONGENITAL DEFECTS, INCLUDING AN ESOPHAGEAL OBSTRUCTION AND DOWN SYNDROME. HE WAS GIVEN THE ANONYMOUS AND TEMPORARY NAME OF "BABY DOE" ... THE NAME, IRONICALLY, BY WHICH HE WILL BE KNOWN FOREVER IN THE MEDICAL AND SOCIAL HISTORY OF THE UNITED STATES. THE OBSTETRICIAN TOLD "BABY DOE'S" PARENTS THAT THE CHILD HAD ABOUT A 50-50 CHANCE OF SURVIVING AN OPERATION TO CLEAR UP THE OBSTRUCTION. HE FURTHER INFORMED THE PARENTS THAT IF HE DID SURVIVE, "BABY DOE" WOULD PROBABLY GROW UP SEVERELY RETARDED AND ENDURE A POOR "QUALITY OF LIFE." THE PRESS RECORDED THAT HE REFERRED TO BABY DOE AS A "BLOB".

ON THE BASIS OF THAT KIND OF INFORMATION, THE PARENTS OF "BABY DOE" ASKED THAT NO FURTHER MEDICAL ASSISTANCE OR NOURISHMENT OF ANY KIND BE GIVEN TO THEIR CHILD.

IN THE NEXT FEW DAYS, LOCAL DOCTORS AND SOCIAL SERVICE WORKERS MADE HASTY APPEALS TO THE COURTS ON BEHALF OF "BABY DOE" AND THE CASE CAUGHT THE ATTENTION OF THE NATION. BUT ON APRIL 15, ONE WEEK AFTER HIS BIRTH AND JUST HOURS BEFORE U.S. SUPREME COURT JUSTICE JOHN PAUL STEVENS WAS TO HAVE STEPPED INTO THE CASE, "BABY DOE" DIED. AND HIS CASE BECAME MOOT.

IT WAS A STUNNING EXPERIENCE FOR ME FOR SEVERAL REASONS. DURING MY CAREER AS A SURGEON, I HAD PERFORMED 475 OPERATIONS TO CORRECT ESOPHAGEAL ATRESIA AND I HAD A FAR HIGHER SUCCESS RATE THAN 50-50. DURING THE LAST 8 YEARS THAT I WAS AN ACTIVE SURGEON I NEVER LOST A FULL-TERM BABY WITH THIS DIAGNOSIS AFTER SURGERY, AND MY SUCCESS RATE WITH PREMATURE BABIES WAS 88 PER CENT. OTHER PEDIATRIC SURGEONS, HERE AND THERE, WERE EQUALLY SUCCESSFUL.

YET, AS "SURGEON GENERAL," NO LESS, I WAS NOT ABLE TO DO FOR "BABY DOE" WHAT I HAD DONE FOR HUNDREDS OF OTHER BABIES WITH THE SAME CONDITION.

ALSO, NO PHYSICIAN -- PEDIATRICIAN OR OTHERWISE --
CAN EXAMINE AN INFANT WITH DOWN SYNDROME AND PREDICT
WITH ANY DEGREE OF CERTAINTY, WHATSOEVER, HOW RETARDED
THAT CHILD WILL BECOME OR WHAT ITS "QUALITY OF LIFE" WILL
BE.

BEFORE COMING TO WASHINGTON, I HAD MUCH TO SAY --
AND PUBLICLY -- ABOUT PARENTS WHO GAVE UP ON
HANDICAPPED CHILDREN. HENCE, I WAS SORELY TEMPTED TO
SPEAK OUT ON BEHALF OF "BABY DOE" RIGHT IN BLOOMINGTON
HOSPITAL, IF NEED BE.

BUT IT SOON BECAME CLEAR TO ME THAT IT WAS PERFECTLY
ALL RIGHT FOR TO BE A PRO-ACTIVE SURGEON GENERAL
SPEAKING OUT ON BEHALF OF THE "BABY DOES" OF THIS WORLD ...
BUT WASN'T I ALSO THE SURGEON GENERAL OF THEIR PARENTS
AS WELL?

AND -- LIKE IT OR NOT --I REMAINED THE COLLEAGUE AND
SURGEON GENERAL OF THE PHYSICIANS INVOLVED, TOO,
WHETHER OR NOT I AGREED WITH THE KIND OF ADVICE SOME OF
THEM WERE GIVING TO THOSE PARENTS.

AS I TRIED TO THINK THROUGH MY NEW ROLE IN THIS VERY SENSITIVE AND HIGHLY EMOTIONAL ISSUE, I KNOW I SURPRISED AND -- I SUSPECT -- DEEPLY DISAPPOINTED MY MANY FRIENDS IN THE PRO-LIFE MOVEMENT AND IN THE SEVERAL ASSOCIATIONS THAT ARE ADVOCATES FOR HANDICAPPED CHILDREN. TO THEM, I WAS TEMPORIZING AND EVEN ABANDONING THE POSITIONS I HAD TAKEN FOR MANY YEARS.

THEIR CRITICISMS WERE SHARP, BUT UNFAIR. MY PERSONAL FEELINGS HAD NOT CHANGED ONE IOTA. THEY ARE ESSENTIALLY UNCHANGED TODAY. BUT MY PUBLIC POSITION DID REQUIRE SOME ADDITIONAL THOUGHT.

ODDLY ENOUGH, I WAS NOT RESPONSIBLE FOR THE DRAFTING
OF THE GOVERNMENT'S FIRST TWO SETS OF "BABY DOE"
REGULATIONS, ALTHOUGH I HAD PROBABLY HAD MORE ACTUAL
"HANDS-ON" EXPERIENCE WITH SUCH CHILDREN AND THEIR
FAMILIES THAN ANYONE IN AMERICA.

I COULD TRY TO EXCUSE THOSE WHO KEPT ME OUT BY REMINDING YOU THAT I WAS STILL THE NEWEST "KID ON THE BLOCK," SO TO SPEAK, AND HENCE NOT AUTOMATICALLY BROUGHT INTO MANY OF THESE DISCUSSIONS.

THE PUBLIC SEEMED TO KNOW MORE THAN THE GOVERNMENT. THEY JUST PLAIN ASSUMED THAT WITH MY BACKGROUND, I WAS THE AUTHOR OF THE REGULATIONS.

I THEREFORE BECAME THE LIGHTNING ROD FOR THOSE WHO
DISAPPROVED OF THE GOVERNMENT'S ACTION/ BEING THE
LIGHTNING ROD IS CONSIDERED TO BE A BADGE OF HONOR ON
SOME OCCASIONS, BUT IT WAS PARTICULARLY ONEROUS TO BE
BLAMED FOR SOMETHING OVER WHICH I HAD NO CONTROL.
I RECEIVED A BARRAGE OF CRITICISM FROM THE MEDICAL
PROFESSION, MANY OF WHOM WERE MY COLLEAGUES IN EARLIER
BATTLES IN ADVOCACY FOR CHILDREN.

IN ANY CASE, THE DEPARTMENT'S INITIAL REGULATIONS WERE CHALLENGED IN THE COURTS AND WERE STRUCK DOWN. A THIRD SET HAD TO BE WRITTEN.

MARGARET HECKLER WAS THEN THE H.H.S. SECRETARY. AT ABOUT THE TIME THE COURT RULINGS WERE PUBLISHED, SECRETARY HECKLER AND I WERE ON AN INSPECTION TRIP OF U.S.-SUPPORTED HEALTH PROJECTS IN THE MIDDLE EAST. DURING A FLIGHT FROM CAIRO TO ATHENS I CON-VINCED HER TO GIVE ME THE TASK OF WRITING THE THIRD SET OF "BABY DOE" REGULATIONS.

IT SEEMED TO ME THAT WE HAD TO SOMEHOW GET BEYOND THE IMMEDIATE "BABY DOE" EVENT -- AS TRAGIC AND EMOTIONAL AS IT WAS -- AND TRY TO FASHION A GOVERNMENTAL RESPONSE, LEGAL AS WELL AS MEDICAL, THAT SATISFIED THREE KEY REQUIREMENTS.

THE NEW REGULATIONS SHOULD LEAD TO THE SAVING OF CHILDREN'S LIVES ... THEY SHOULD BE UNDERSTOOD AND ACCEPTED BY PARENTS ... AND THEY SHOULD BE CARRIED OUT IN GOOD FAITH BY PHYSICIANS AND NURSES WITH A MINIMUM OF GOVERNMENT OVERSIGHT ... OR MAYBE NO OVERSIGHT AT ALL.

TO THAT END, I ENTERED INTO NEGOTIATIONS WITH ALL THESE INTERESTED PARTIES ... ADVOCATES FOR THE HANDICAPPED, PEDIATRICIANS, AND THE PRO-LIFE FORCES.

AND FRANKLY I WAS DISAPPOINTED BY SOME OF THEM WHO
CAME TO THE NEGOTIATING TABLE WITH LITTLE MORE THAN THEIR
OWN CLEAR AND CONSISTENT IDEOLOGIES. IN PUBLIC HEALTH
MATTERS, IDEOLOGY MAY BE HELPFUL ... BUT IT'S NOT ENOUGH.

HOWEVER, AS WE HAMMERED AWAY AT THE PROBLEM TOGETHER, THEIR MUTUAL HOSTILITY AND SUSPICION GAVE WAY TO COOPERATION AND TRUST. IN FACT, AT ONE POINT, THEY JOINTLY WROTE AND SIGNED ONE OF THE FINEST DOCUMENTS I HAVE EVER SEEN, RELATIVE TO THE RIGHTS OF HANDICAPPED CHILDREN. IN THAT KIND OF SPIRIT, THEN, I WAS ABLE TO WRITE THE THIRD SET OF REGULATIONS. AND, FOR THE TIME THEY WERE ON THE BOOKS, THEY WORKED.

I THINK ONE REASON THEY WORKED WAS THE FACT I USED THE LANGUAGE THAT HAD BEEN HAMMERED OUT IN PREPARING THE HANDICAPPED DOCUMENT BY A GROUP OF PEOPLE -- ALL COMING TO THE ISSUE FROM QUITE DIFFERENT POINTS OF VIEW -- BUT ALL NEVERTHELESS WILLING TO PUT ASIDE THEIR SPECIAL PLEADING IN ORDER TO DO SOMETHING TOGETHER ON BEHALF OF HANDICAPPED CHILDREN AND THEIR FAMILIES.

THIS WAS A VERY IMPORTANT DEVELOPMENT, SINCE MANY PARENTS OF A "BABY DOE" NEED HELP / I KNEW THAT FROM MY OWN 35 YEARS IN PEDIATRIC SURGERY. MANY PARENTS SIMPLY LACK THE RESOURCES -- BE THEY MATERIAL, SOCIAL, OR ECONOMIC ... OR EMOTIONAL, MORAL, OR PSYCHOLOGICAL -- TO CARE FOR A DISABLED CHILD IN THEIR OWN FAMILY.

ALSO, MANY LAY ADVOCATES JUST DON'T HAVE MUCH TO SAY ABOUT THE COMMUNITY'S ROLE IN HELPING PARENTS WHO TAKE HOME THEIR OWN "BABY DOE." AND THAT ALWAYS BOTHERED ME, TOO, BECAUSE I KNEW -- AGAIN, FROM MY YEARS AT CHILDREN'S HOSPITAL OF PHILADELPHIA -- THAT A GREAT MANY LOVING, CARING PARENTS WOULD HAVE BEEN ENGULFED IN CONFUSION AND DESPAIR, HAD IT NOT BEEN FOR THE TIMELY ASSISTANCE OF A WHOLE RANGE OF PUBLIC AND PRIVATE COMMUNITY RESOURCES.

AND, TO BE QUITE CANDID, I WAS ALSO SHORT-TEMPERED WITH SOME OF MY COLLEAGUES IN MEDICINE, WHO -- AS A RESULT OF THE SUPREME COURT DECISION IN ROE V. WADE -- HAD TAKEN TO CALLING A NEWBORN "BABY DOE" A "FETUS EX UTERO," OF ALL THINGS.

IN OTHER WORDS, SOME PHYSICIANS THOUGHT THEY COULD SAFELY DENY A NEWBORN CITIZEN HIS OR HER PERSONHOOD AND CONSTITUTIONAL PROTECTIONS SIMPLY BY CHANGING SOME LABELS ... CALLING A DISABLED "CHILD" NOT A "CHILD" BUT A NINE-MONTH-OLD FETUS THAT SOMEHOW LEFT ITS MOTHER'S UTERUS IN LESS THAN PERFECT CONDITION AND, THEREFORE, DESERVED TO BE PUNISHED.

BY DEATH.

THE YEAR OR SO FOLLOWING THE DEATH OF "BABY DOE" WAS
A VERY DIFFICULT PERIOD, WITH MUCH WRANGLING BOTH INSIDE
AND OUTSIDE THE GOVERNMENT ... LEGAL CHALLENGES ... AND
THEN A DECISION BY THE SUPREME COURT THAT KNOCKED DOWN
MY SET OF REGULATIONS.

ALSO, HAD THEY NOT DONE SO, I KNOW MY REGULATIONS WOULD HAVE WORKED. I SAY THIS BECAUSE THE PEDIATRICIANS, WHO HAD BEEN THE FIRST TO SUE OVER THE TWO EARLIER SETS OF REGULATIONS, REFUSED TO JOIN OTHER MEDICAL GROUPS, SUCH AS THE AMERICAN MEDICAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION, WHO HAD MUCH LESS AT STAKE.

HOWEVER, THE FINAL OUTCOME OCCURRED IN THE CONGRESS IN A NEW LAW THAT DOES PROTECT THE "BABY DOES" OF THIS SOCIETY. CONGRESS EXPANDED THE DEFINITION OF AN "ABUSED AND NEGLECTED CHILD" TO INCLUDE A DISABLED INFANT LIKE "BABY DOE." AND THAT'S WHERE THE MATTER STANDS TODAY.

BUT THE PASSAGE OF A LAW AND THE WRITING OF NEW REGULATIONS ARE NOT THE END OF ANYTHING. THEY WERE THE BEGINNING.

FOLLOWING THE YEAR-LONG "BABY DOE" DIALOGUE, I
CONVENED A SERIES OF "SURGEON GENERAL'S WORKSHOPS" THAT
FOCUSED ON THE NEEDS OF THE HANDICAPPED CHILD AND HIS OR
HER FAMILY. I INVITED PHYSICIANS, NURSES, SOCIAL WORKERS,
HOSPITAL PERSONNEL, COMMUNITY ACTIVISTS, CHILD
ADVOCATES, AND OTHERS.

GRADUALLY, WITH THE HELP OF THE NEW LAW AND THESE
WORKSHOPS, THE COUNTRY HAS BEEN ABLE NOT ONLY TO DEFEND
THE LIVES OF ITS NEWBORN CITIZENS, BUT ALSO TO DEAL MORE
DIRECTLY AND MORE HELPFULLY WITH THE PROBLEMS THAT
ARISE AS A RESULT OF THE SAVING OF THOSE LIVES.

WHAT HAS EVOLVED IS "FAMILY-CENTERED, COMMUNITY-BASED, COMPREHENSIVE CARE FOR CHILDREN WITH SPECIAL NEEDS." IT'S A NEW CONCEPT. IT WORKS. AND IT'S BEING ADOPTED MORE AND MORE ALL ACROSS THE COUNTRY.

AND I MUST CONFESS THAT, WHILE I RECEIVE MUCH PUBLIC PRAISE FOR MY INVOLVEMENT WITH SUCH HIGH VISIBILITY ISSUES AS SMOKING AND AIDS, I COUNT AS ONE OF MY MAJOR ACHIEVEMENTS OF THESE PAST 8 YEARS THIS EVOLUTION OF A MORE WIDESPREAD, MORE EFFECTIVE, AND MORE COMPASSIONATE APPROACH TO CHILDREN WHO ARE BORN WITH A NON-FATAL HANDICAP.

IT HAS BEEN A LONG PROCESS, BUT THEN MUCH OF DAY-TO-DAY GOVERNMENT IS EXACTLY THAT: THE WORKING THROUGH OF LONG AND COMPLEX PROCESSES.

I STILL CAN'T BELIEVE I HAD THE PATIENCE TO STICK WITH IT ... I WOULD NEVER HAVE PREDICTED THAT KIND OF BEHAVIOR FOR MYSELF. BUT I'M CERTAINLY GLAD I DID.

IN SOME RESPECTS, THE "BABY DOE" ISSUE WAS COMPARATIVELY EASY. OUR FOCUS OF ATTENTION WAS CHILDREN, AND YOU CAN ALWAYS FIND ALLIES FOR CHILDREN.



AND THEN, WE WERE TALKING ABOUT A COMPARATIVELY FEW CHILDREN ... AT MOST MAYBE 100,000 OR SO EACH YEAR ... WHO MIGHT BE BORN WITH A HANDICAP OF SOME KIND. AND EVEN OF THESE, ONLY A SMALL FRACTION WOULD ACTUALLY BE IN JEOPARDY, AS "BABY DOE" WAS IN BLOOMINGTON, INDIANA.

AND FINALLY, WITH DISABLED YOUNGSTERS, THERE WAS ALWAYS THE EXPECTATION THAT THE CHILD YOU SAVED WOULD IN FACT GROW UP IN A PEACEFUL, LOVING ENVIRONMENT AND MIGHT EVEN OVERCOME HIS OR HER HANDICAP TO BECOME A CREATIVE, PRODUCTIVE MEMBER OF SOCIETY.

THAT'S ALL QUITE DIFFERENT FROM TWO OTHER ISSUES
THAT WERE GERMINATING AT ABOUT THIS SAME TIME, EARLY IN
MY FIRST TERM AS SURGEON GENERAL: THE FIRST ISSUE WAS
FAMILY VIOLENCE AND THE SECOND WAS AIDS. LET ME SPEND
A MOMENT OR TWO ON EACH AND BEGIN WITH THE ISSUE OF
FAMILY VIOLENCE.

FOUR OR FIVE YEARS AGO, I BECAME CONVINCED THAT THE
ROLE OF PUBLIC HEALTH COULD BE CENTRAL TO SOCIETY'S
ABILITY TO SAVE THE LIVES OF POTENTIAL VICTIMS ... MAINLY
WOMEN, CHILDREN, AND OLD PEOPLE ... AND EVEN PREVENT
VIOLENCE FROM HAPPENING.

HOWEVER, TO DO THAT MIGHT REQUIRE THE INTERVENTION
INTO FAMILY LIFE BY PUBLIC HEALTH PERSONNEL TO A NEW AND
GREATER EXTENT THAN EVER BEFORE. AND I'VE BEEN HAUNTED
BY THAT TRADE-OFF EVER SINCE.

OF COURSE, SUCH NECESSARY AND LAWFUL INTERVENTION
WAS ALREADY EXERCISED BY OUR SOCIAL SERVICE AND
CRIMINAL JUSTICE SYSTEMS IN REGARD TO DOMESTIC VIOLENCE.
BUT NOW IT WAS GOING TO BE OUR TURN.

MY INTEREST IN THIS ISSUE BEGAN IN A CURIOUS WAY.

IN 1984, I WAS ASKED TO ADDRESS A MEETING ON T.V. VIOLENCE. THE GOVERNMENT HAD BEEN FUNDING RESEARCH IN T.V. VIOLENCE FOR THE PAST 20 YEARS AND SPEECHES ON THE SUBJECT BY THE SURGEON GENERAL WERE RATHER ROUTINE ... HENCE, THE INVITATION.

BUT DESPITE THE YEARS OF RESEARCH AND REPORTS AND CONGRESSIONAL HEARINGS, WE STILL HAD NO CLEAR ROLE FOR GOVERNMENT -- EXCEPT THAT OF SUPPORTING THIS MINI-INDUSTRY BY FUNDING MORE RESEARCH.

ACTUALLY, THERE ARE MANY SUCH FEDERALLY-SUPPORTED
MINI-INDUSTRIES IN OUR SOCIETY AND I IMAGINE YOU COULD
MAKE A CASE FOR THEIR SOCIAL UTILITY. NEVERTHELESS, I
BEGAN TO WONDER IF SOMEHOW OUR PREOCCUPATION WITH T.V.
VIOLENCE WASN'T ACTUALLY PREVENTING US FROM SEEING A
LARGER AND MUCH MORE SERIOUS PROBLEM OF VIOLENCE IN OUR
SOCIETY GENERALLY.

AND INDEED THERE WAS -- AND IS -- SUCH A PROBLEM. I
LEARNED FROM OUR STAFF THAT EACH YEAR AN ESTIMATED 4
MILLION OR SO CHILDREN ARE VICTIMS OF ABUSE AND NEGLECT ...
OVER A MILLION WOMEN ARE ASSAULTED AND PHYSICALLY
ABUSED EACH YEAR ... AND NEARLY A MILLION ELDERLY PERSONS
-- MOST OF THEM WOMEN ALSO -- ARE ABUSED OR NEGLECTED AS
WELL.

WE DON'T HAVE GOOD STATISTICS IN THIS DIFFICULT AREA. BUT, IF ANYTHING, THESE NUMBERS ARE MUCH TOO LOW. WE ESTIMATE, FOR EXAMPLE, THAT FOR EVERY ADULT VICTIM OF VIOLENCE COUNTED BY THE POLICE AND THE F.B.I., AS MANY AS THREE ADDITIONAL ADULT VICTIMS PASS THROUGH HOSPITAL EMERGENCY ROOMS OR COMMUNITY CLINICS AND ARE MISSED BY THE POLICE ALTOGETHER.

CLEARLY, THEN, VIOLENCE IS HAVING AN OVERWHELMING IMPACT UPON THE NATION'S HEALTH CARE SYSTEM. I TESTED OUT THIS ISSUE IN A SPEECH BEFORE THE AMERICAN ACADEMY OF PEDIATRICS AND AGAIN IN A PRESENTATION AT THE WESTERN PSYCHIATRIC INSTITUTE AT THE UNIVERSITY OF PITTSBURGH.

THE RESPONSE WAS VERY GOOD BOTH TIMES. THEREFORE, IN 1984, I CONCLUDED THAT WE OUGHT TO MOVE AHEAD AND ADDRESS THE LARGER ISSUE OF DOMESTIC VIOLENCE AS A PUBLIC HEALTH ISSUE AND PUT ASIDE FOR A WHILE THE NARROWER, SUB-SET OF T.V. VIOLENCE.

WITH NO "BABY DOE" TO TRIGGER FEDERAL INTEREST, WE FELT ABLE TO PROCEED WITH MORE DELIBERATION. HENCE, WE BROUGHT TOGETHER SOME 170 EXPERTS FOR THREE DAYS IN LEESBURG, VIRGINIA, AND ASKED THEM TO SUGGEST WHAT THE NATION OUGHT TO DO NEXT. THAT 1985 "SURGEON GENERAL'S WORKSHOP ON VIOLENCE AND PUBLIC HEALTH" WAS A BENCHMARK EVENT AND ITS REPORT -- CONTAINING 153 RECOMMENDATIONS -- HAS BEEN WIDELY READ AND CONSULTED.

BUT IT WAS A PROFOUNDLY DISTURBING EVENT FOR ME. MUCH OF THE DISCUSSION REVEALED HOW AMBIVALENT AMERICANS STILL WERE ABOUT SEX, VIOLENCE, AND POWER. I HEARD, FOR EXAMPLE, THAT, WHILE RAPE IS A FELONY CRIME, FEWER THAN 30 STATES RECOGNIZED MARITAL RAPE AS A CRIME AT ALL.

IN REGARD TO ABUSED CHILDREN, THE SITUATION WAS A LITTLE DIFFERENT ... BUT NOT ANY MORE ENCOURAGING. IT WAS TRUE THAT THE COUNTRY HAS STRONG FEDERAL AND STATE LAWS MANDATING PERSONS TO REPORT ACTUAL OR SUSPECTED CASES OF CHILD ABUSE. BUT, AS THE EXPERTS AT THE WORKSHOP WERE QUICK TO POINT OUT, CHILD ABUSE WAS -- AND IS -- ONE OF THE MOST UNDER-REPORTED CRIMES IN OUR SOCIETY.

ALL THIS WAS VERY DISTURBING INFORMATION, SINCE IT INDICATED THAT, FOR MANY OF OUR MOST VULNERABLE CITIZENS, THE CONCEPT OF FAMILY AND THE HOME DID NOT REPRESENT SAFETY AND NURTURE ... IT STOOD FOR VIOLENCE AND VICTIMIZATION.

I SAY IT WAS "DISTURBING INFORMATION" BECAUSE, FOR THE BETTER PART OF TWO CENTURIES, OUR COUNTRY HAD TRADITIONALLY NOT QUESTIONED THE BEHAVIOR OF ITS FAMILIES, EXCEPT IN VERY RARE AND NARROW INSTANCES.

AND ALMOST ALL THOSE INSTANCES HAD A PUBLIC HEALTH RATIONALE: HOW FAMILIES BURIED THEIR DEAD, FOR EXAMPLE ... HOW THEY MAINTAINED A MINIMUM LEVEL OF SANITATION ... AND, IN THE CELEBRATED VACCINATION CASES, HOW FAMILIES PARTICIPATED IN SOCIETY'S EFFORTS AGAINST THE CONTAGIOUS DISEASES OF CHILDHOOD.

BUT A SHIFT IS OBVIOUSLY TAKING PLACE AND SOCIETY IS DEMANDING CERTAIN KINDS OF BEHAVIOR FROM ITS FAMILIES ... OR IT WILL INTERVENE AND EFFECTIVELY END THOSE FAMILY UNITS.

WE WILL PLACE AN ABUSED CHILD IN PROTECTIVE CUSTODY AND ARREST THE ABUSING PARENT, AND WE WILL PROVIDE SHELTER FOR AN ABUSED WOMAN -- AND HER CHILDREN, IF NECESSARY -- AND PREVENT HER SPOUSE FROM FINDING HER AND BRINGING HER BACK TO REPEAT THE OFFENSE.

AS SURGEON GENERAL I SUPPORTED THE SHELTER MOVEMENT BECAUSE IT IS CLEARLY PART OF THE TOTAL INTEGRATED SOCIAL SERVICE AND PUBLIC HEALTH SYSTEM THAT'S NEEDED TO PREVENT DOMESTIC VIOLENCE WHERE POSSIBLE ... OR CARE FOR ITS VICTIMS, WHERE PREVENTION IS NOT POSSIBLE.

FRANKLY, IT WAS NOT AN EASY POSITION FOR ME TO TAKE, SINCE I HAVE BEEN -- AND I STILL AM -- ARDENTLY "PRO-FAMILY." AND I KNOW THAT MANY PERSONS IN THE "PRO-FAMILY" MOVEMENT SEE THESE SHELTERS AS DEVICES THAT ACCELERATE THE BREAKDOWN OF FAMILIES.

BUT MY DEEPLY PERSONAL CONVICTIONS IN THIS MATTER DID NOT SATISFY THE NEED FOR ME -- IN MY PUBLIC ROLE AS SURGEON GENERAL -- TO FIND WAYS TO HELP SOME OF MY FELLOW AMERICANS WHEN THEY ARE IN TROUBLE OR AT RISK.

INDEED, PART OF MY CONCERN HAS BEEN TO DIAGNOSE AND REMEDY THE PROBLEM PRESENTED BY THE PERPETRATOR AS WELL AS THAT PRESENTED BY THE VICTIM. AND, IN SITUATIONS LIKE THAT, YOU HAVE TO GO BEYOND IDEOLOGY FOR ANSWERS THAT WORK.

I HAVE SINCE PUBLISHED A "SURGEON GENERAL'S LETTER ON CHILD SEXUAL ABUSE," MY OFFICE PRODUCED AND WIDELY DISTRIBUTED A PUBLIC SERVICE T.V. ANNOUNCEMENT ON SPOUSE ABUSE, AND WE'VE URGED THE MEDICAL PROFESSION TO DEAL MORE CANDIDLY AND DIRECTLY WITH THIS ISSUE OF DOMESTIC VIOLENCE.

WITH OUR ENCOURAGEMENT, FOR EXAMPLE, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS HAS COME FORWARD WITH AN EXCELLENT INFORMATION AND EDUCATION PROGRAM FOR ITS OWN MEMBERS. AND THAT IS AN APPROPRIATE PLACE TO START, WITH PHYSICIANS WHOSE PATIENTS ARE ALWAYS WOMEN.

THEN, THIS MONTH THE AMERICAN MEDICAL ASSOCIATION SPONSORED A MEETING TO INITIATE A "NATIONAL PHYSICIAN RESOURCE CENTER FOR THE PREVENTION OF FAMILY VIOLENCE AND VICTIMIZATION", AND I GAVE THE KEYNOTE ADDRESS.

WHEN I LEFT GOVERNMENT JUST A FEW DAYS AGO, I TRULY FELT A REAL SENSE OF ACCOMPLISHMENT FOR WHAT I WAS ABLE TO DO FOR HANDICAPPED CHILDREN AS A RESULT OF THE "BABY DOE" SITUATION.

I BELIEVE THE PRINCIPLE IS NOW FIRMLY ESTABLISHED IN THE MINDS OF HEALTH PROFESSIONALS EVERYWHERE THAT A NEWBORN CHILD IS A CITIZEN DESERVING OF EVERY CONSTITUTIONAL PROTECTION, AND ANYONE -- INCLUDING A PARENT OR AN ATTENDING PHYSICIAN -- WHO DENIES A CHILD SUCH PROTECTION IS COMMITTING A SERIOUS VIOLATION OF MORALS, ETHICS, AND THE LAW.

SIMILARLY, I ALSO FEEL SATISFIED THAT THE AMERICAN PEOPLE --AND THOSE CONCERNED FOR THEIR HEALTH -- ARE COMING TO ACCEPT THE IDEA THAT NO HUMAN BEING HAS THE RIGHT TO ABUSE ANOTHER HUMAN BEING, AND THAT NO INSTITUTION -- INCLUDING "THE HOME" AND "THE FAMILY" -- CAN BE ALLOWED TO SHIELD SUCH CRIMINAL BEHAVIOR.

FOR THE PUBLIC HEALTH COMMUNITY, AS WELL AS FOR THE NATION IN GENERAL, THESE DEVELOPMENTS WERE NECESSARY AND THEY ARE RIGHT. BUT I AM DEEPLY PAINED THAT THEY ARE, IN FACT, NEEDED BY OUR SOCIETY.



DURING THE MONTHS AND YEARS THAT THE "BABY DOE" ISSUE AND DOMESTIC VIOLENCE WERE CAPTURING MY ATTENTION, ANOTHER RATHER MYSTERIOUS HEALTH PROBLEM CAME TO LIGHT AND GREW INEXORABLY INTO A POTENTIALLY FAR MORE MENACING PUBLIC HEALTH PROBLEM THAN ANY I'VE DISCUSSED SO FAR.

I'M SPEAKING, OF COURSE, ABOUT AIDS.

THE SUBJECT OF AIDS HAS BEEN COVERED SO EXTENSIVELY
AND IN SUCH DEPTH THAT I WILL SPEAK TONIGHT ABOUT JUST A
COUPLE OF PERSONAL PERCEPTIONS I HAVE HAD ABOUT THE
ISSUE .

FIRST, YOU MAY RECALL THAT, ON JUNE 5, 1981, THE U.S. PUBLIC HEALTH SERVICE PUBLISHED THE FIRST REPORTS OF WHAT WAS TO BECOME THE AIDS EPIDEMIC. THEY CONCERNED 5 "PREVIOUSLY HEALTHY" HOMOSEXUALS WHO WERE ADMITTED TO LOS ANGELES HOSPITALS WITH PNEUMOCYSTIS CARINII PNEUMONIA, A VERY RARE FORM OF PNEUMONIA.

THE MEN ALSO PRESENTED EVIDENCE OF CYTOMEGALOVIRUS AND CANDIDA INFECTIONS. BY THE TIME THE REPORT HAD BEEN PUBLISHED, 2 OF THE MEN HAD DIED. THE OTHER 3 DIED SHORTLY THEREAFTER.

ONE MONTH LATER, THE CENTERS FOR DISEASE CONTROL REPORTED THAT 26 HOMOSEXUALS -- 20 IN NEW YORK CITY AND 6 IN CALIFORNIA --HAD BEEN DIAGNOSED AS HAVING KAPOS'T'S SARCOMA, A HIGHLY UNCOMMON FORM OF CANCER, USUALLY FOUND IN OLD MEN.

EIGHT WERE ALREADY DEAD. A SMALL NUMBER AMONG THE 26 ALSO HAD PNEUMOCYSTIS CARINII PNEUMONIA.

AND VIRTUALLY ALL OF THEM HAD ONE OR ANOTHER PATHOGENIC VIRAL OR YEAST INFECTION ... C.M.V., HERPES SIMPLEX, CRYPTOCOCCAL MENINGITIS, AND SO ON.

THE CASELOAD CONTINUED TO MOUNT – CONTINUES MOUNTING TO THIS DAY -- WITH MEN SUFFERING FROM COMPLEX, RARE, AND POORLY UNDERSTOOD DISEASES. THE LITERATURE OF THIS EPIDEMIC ABOUNDS NOT ONLY WITH KAPOSZ'S SARCOMA AND PNEUMOCYSTIS CARINII, BUT ALSO WITH DIFFUSE, UNDIFFERENTIATED NON-HODGKINS LYMPHOMA, SPLENOMEGALY, GENERALIZED LYMPHADENOPATHY, TOXOPLASMOSIS, DISSEMINATED MYCOBACTERIUM AVIUM-INTRACELLULARE, AND SO ON. HENCE, FROM THE VERY BEGINNING OF THIS EPIDEMIC, WE WERE DEALING WITH MYSTERIES COMPOUNDED BY MYSTERIES. THE NATION DID NOT HAVE MANY TRAINED CLINICIANS AND RESEARCHERS WHO WERE FAMILIAR WITH THE RARE DISEASES THAT WERE BEING PRESENTED. AND IN ANY CASE, WE HAD NO CURES FOR THEM.

IN ADDITION, THE HOMOSEXUAL COMMUNITY, WITHIN WHICH THE AIDS SYMPTOMS WERE BEING PRESENTED, WAS AT ODDS WITH TRADITIONAL CLINICAL MEDICINE.

INCREASINGLY DURING THE 1960S AND 1970S, HOMOSEXUAL MEN HAD CHOSEN TO PATRONIZE PHYSICIANS AND CLINICS WHO WERE MORE UNDERSTANDING OF THE SO-CALLED "GAY LIFESTYLE." WHETHER THIS HAD BEEN NECESSARY OR WISE IS A SEPARATE QUESTION. THE EFFECT, HOWEVER, WAS QUITE CLEAR: IT PLACED HOMOSEXUALS OUTSIDE MAINSTREAM MEDICINE AND, THEREFORE, MORE DIFFICULT FOR THE GOVERNMENT TO KNOW AND TO REACH ... AND TO HELP.

THIS ALSO OCCURRED -- NOT COINCIDENTALLY -- AT THE TIME OF THE "GAY REVOLUTION," WHEN HOMOSEXUAL AND BISEXUAL MEN WERE "COMING OUT OF THE CLOSET" AND ASSERTING THEIR CIVIL RIGHTS.

UNFORTUNATELY, THE GAY ACTIVISTS COMBINED THE SEPARATE HEALTH AND POLITICAL ISSUES INTO A SINGLE PACKAGE OF GRIEVANCES, FOR WHICH THEY SOUGHT PUBLIC REDRESS.

THIS STRATEGY AROUSED AS MUCH PUBLIC CONFUSION AND ANGER AS IT DID PUBLIC SYMPATHY. AS A RESULT, OUR FIRST PUBLIC HEALTH PRIORITY -- THAT IS, TO STOP FURTHER TRANSMISSION OF THE AIDS VIRUS -- BECAME HOPELESSLY AND NEEDLESSLY ENSNARED IN THE SEXUAL POLITICS OF THE EARLY 1980S.

SOME PRECIOUS TIME WAS LOST BETWEEN 1981 AND 1983, DURING WHICH THE HOMOSEXUAL COMMUNITY WAS DIVIDED BETWEEN THE RHETORIC OF "GAY RIGHTS" AND THE REALITY OF AIDS DEATHS.

IT WAS NOT A PRETTY TIME. AND YET, DESPITE THE
CONFUSION AND FRUSTRATION, THE ANGER AND THE IGNORANCE,
THE TERROR AND THE DEATH, SCIENCE DID MOVE FORWARD VERY
QUICKLY AND A BLOOD TEST WAS DEVISED AND MADE
AVAILABLE IN THE FALL OF 1985.

NOT MANY CRITICISMS MAKE MY BLOOD BOIL ANY MORE.
BUT THERE IS ONE THAT STILL DOES. I STILL HEAR PEOPLE
COMPLAIN THAT "THE GOVERNMENT DRAGGED ITS FEET AND
WOULDN'T RELEASE A BLOOD SCREENING TEST UNTIL 1985.

THE FACT OF THE MATTER IS THAT, IN COMING UP WITH A
BLOOD SCREENING TEST BY OCTOBER 1985, THE GOVERNMENT
AND ITS SCIENTISTS HAD PERFORMED A RESEARCH MIRACLE.
THEY HAD DISCOVERED A WAY TO SUCCESSFULLY SCREEN BLOOD
FOR THE "FOOTPRINTS," YOU MIGHT SAY, OF A VIRUS THEY COULD
NEITHER IDENTIFY NOR FIND.

I WOULD LOVE TO TAKE CREDIT FOR THE EARLY LEADERSHIP SHOWN BY THE GOVERNMENT -- BUT I CAN'T. I WAS NOT INVOLVED AT ALL IN THE EARLY DAYS OF THE AIDS EPIDEMIC. AND THE REASON HAS NOTHING TO DO WITH MY WELL-ADVERTISED RELIGIOUS BELIEFS. NO ONE EVER BROUGHT THAT UP. THE REASON IS MUCH MORE MUNDANE.

IN CASE YOU ARE UNAWARE OF IT, THE POSITION OF SURGEON GENERAL IS SUPPORTED BY A HALF-DOZEN STAFF AND A SMALL ALLOTMENT OF FUNDS FROM THE MUCH LARGER OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH, THE OFFICE WITHIN WHICH THE SURGEON GENERAL'S OFFICE IS LOCATED.

THE AIDS RESEARCH WAS BEING CARRIED OUT AT THE NATIONAL INSTITUTES OF HEALTH, THE CENTERS FOR DISEASE CONTROL, AND THE FOOD AND DRUG ADMINISTRATION. THE SURGEON GENERAL RUNS NONE OF THESE.

THE CASE REPORTING HAS BEEN CARRIED OUT MAINLY BY EPIDEMIOLOGISTS IN OUR STATE AND MUNICIPAL PUBLIC HEALTH AGENCIES, AND THEY HAVE BEEN EXTRAORDINARY. I DIDN'T RUN THEM EITHER.

THE CONGRESSIONAL INTEREST HAS BEEN SHARP AND UNRELENTING, BUT THEIR QUESTIONS USUALLY CONCERN HOW MUCH MONEY IS BEING SPENT ... WHERE IT'S BEING SPENT ... AND HOW MUCH MORE COULD BE -- OR OUGHT TO BE -- SPENT.

I HAD NO OFFICIAL ANSWERS FOR THEM, SINCE THE AIDS PURSE WAS NOT THEN UNDER MY CONTROL, NOR HAS IT BEEN AT ANY TIME SINCE.

BUT SOMETHING WAS GOING ON IN 1985 AND EARLY 1986 THAT BROUGHT ME INTO THE AIDS ISSUE. THE PUBLIC WAS GETTING A GREAT MANY MIXED AND CONFUSING MESSAGES ABOUT THIS DISEASE.

HENCE, THE TIME HAD COME FOR THE GOVERNMENT TO INVEST ITS CREDIBILITY IN ONE PERSON WHOSE TASK IT WOULD BE TO TELL THE AMERICAN PEOPLE WHAT WE KNEW TO BE TRUE ABOUT THE AIDS EPIDEMIC ... WHAT WE KNEW TO BE FALSE ABOUT THE EPIDEMIC ... AND WHAT WE STILL DID NOT KNOW ABOUT THE AIDS EPIDEMIC.

IN FEBRUARY 1986, PRESIDENT REAGAN DIRECTED THAT I BE THAT PERSON AND PREPARE A REPORT TO THE AMERICAN PEOPLE ON AIDS. THE REPORT HAD TO GIVE THE FACTS ABOUT AIDS AND HOW TO PREVENT IT. THE REPORT ALSO HAD TO EXPOSE THE FALSE MYTHOLOGIES THAT HAD BEGUN TO APPEAR CONCERNING AIDS, MYTHOLOGIES PERPETUATED BY MEAN-SPIRITED PEOPLE WITH A MACABRE VIEW OF THE HUMAN CONDITION.

I MENTIONED THAT THE HOMOSEXUAL COMMUNITY HAD
HOPELESSLY AND NEEDLESSLY POLITICIZED THE AIDS ISSUE IN
THE BEGINNING. IN ALL FAIRNESS, I MUST RECALL THAT THE
ISSUE WAS FURTHER POLITICIZED --AGAIN, NEEDLESSLY AND
CALLOUSLY -- BY EXTREME CONSERVATIVES, PEOPLE FOR WHOM
IDEOLOGY WAS EVERYTHING.

THEY CHEERED THE PRESIDENT'S DECISION AND MISTAKENLY
PREDICTED THAT I WOULD PRODUCE THE "RIGHT" KIND OF REPORT.

AFTER 8 MONTHS OF LISTENING TO ALL SHADES OF OPINION -
- LEFT, RIGHT, AND CENTER -- FROM A BROAD CROSS-SECTION OF
AMERICAN PUBLIC LIFE, I RELEASED MY REPORT DIRECTLY TO THE
PUBLIC IN AN OCTOBER 1986 PRESS CONFERENCE. I KNEW WELL
IN ADVANCE THAT MY FRIENDS IN CONSERVATIVE PROTESTANT
GROUPS AND IN THE CATHOLIC CHURCH -- FRIENDS AND ALLIES
IN MANY PAST BATTLES AGAINST ABORTION -- I KNEW THAT
THEY WEREN'T GOING TO LIKE MY REPORT.

THEY VIEWED ANAL INTERCOURSE -- OR SODOMY -- AS A
VIOLATION OF LAWS BOTH SPIRITUAL AND TEMPORAL.

SO DO I.

BUT THAT WAS HARDLY THE ISSUE IN 1986. THE ISSUE
THEN WAS THAT ANAL INTERCOURSE WAS THE PRIME METHOD OF
TRANSMISSION OF THE VIRUS -- WHETHER WE LIKED IT OR NOT --
AND WE HAD TO CONVINCE MEN TO STOP DOING THAT.

BUT THEY MIGHT NOT STOP, AND THAT LED ME TO A SECOND CONCLUSION THAT FURTHER IRRITATED MANY OF MY OLD FRIENDS AND ALLIES.

IF HOMOSEXUALS AND BISEXUAL MEN PERSISTED IN ENGAGING IN ANAL INTERCOURSE, ESPECIALLY WITH ANONYMOUS OR CASUAL SEX PARTNERS, THEN THEY OUGHT TO PROTECT THEMSELVES WITH SOME KIND OF IMPERMEABLE TRANSMISSION BARRIER.

~~IT IS HOWEVER A LOT TO ASK OF~~
~~A CODE~~

SUCH BARRIERS ARE COMMONLY KNOWN AS CONDOMS.
THAT WAS THE "C-WORD" OF 1986 AND '87. AND THERE ARE
SOME OF MY FORMER WASHINGTON FRIENDS WHO DON'T SPEAK TO
ME TODAY BECAUSE I USED THE WORD.

IT IS A LOT TO ASK OF A CONDOM
TO HOLD UP UNDER THE TRAUMA OF
ANAL INTERCOURSE. BUT A CONDOM
IS CERTAINLY BETTER THAN NOTHING.

WHEN I HAVE BEEN QUOTED & MISQUOTED
ON CONDOMS BY THE MEDIA, HOWEVER
I WAS USUALLY REFERRING TO THEIR
USE IN HETEROSEXUAL INTERCOURSE.

BUT THAT WAS HARDLY THE END OF IT. FROM THE DATA GIVEN TO ME BY THE CENTERS FOR DISEASE CONTROL, IT APPEARED THAT THE MEDIAN AGE OF AIDS VICTIMS WAS QUITE LOW, IN THE EARLY 20S. HOWEVER, BY 1986 WE ALSO HAD A FAIRLY GOOD IDEA THAT THE INCUBATION PERIOD FOR THE AIDS VIRUS COULD LAST AS LONG AS 7 YEARS --NOW WE KNOW IT CAN BE EVEN LONGER -- BEFORE THE INFECTED PERSON SHOWED SIGNS OF AN OPPORTUNISTIC INFECTION ... KAPOS'I'S SARCOMA, PNEUMOCYSTIC CARINII PNEUMONIA, AND SO ON.

THAT LONG AN INCUBATION PERIOD, IN TURN, MEANT THAT THE TRANSMISSION OF THE AIDS VIRUS WAS OBVIOUSLY TAKING PLACE AMONG A SIZEABLE NUMBER OF YOUNG MEN UNDER THE AGE OF 19. AND THAT MEANT THAT THE WHOLE AIDS ISSUE -- COMPLETE WITH EDUCATION IN SEXUALITY AND DISCUSSIONS ABOUT CONDOMS -- WOULD HAVE TO MOVE INTO OUR SCHOOLS.

IN THE ABSENCE OF AN EFFECTIVE AND GENERALLY
AVAILABLE VACCINE -- SOMETHING THAT WAS AND IS STILL
YEARS AWAY -- IT BECAME QUITE CLEAR THAT OUR SINGLE
WEAPON AGAINST AIDS FOR MANY YEARS TO COME WOULD BE
EDUCATION ... EDUCATION ... AND MORE EDUCATION.

I WAS PROMPTLY AND WITLESSLY ACCUSED OF
ADVOCATING THE TEACHING OF SODOMY TO THIRD-GRADERS AND
IT WAS REPORTED THAT I HAD PASSED OUT CONDOMS TO 8-
YEAR-OLDS. CAN YOU BELIEVE THAT?

AND FOR ALMOST A YEAR ALL SORTS OF LIBELOUS THINGS
WERE SAID ABOUT ME. MY STAFF COUNSELED ME TO BE
MAINTAIN MY SCIENTIFIC AND DISINTERESTED POSTURE. AND IT
WAS EASY FOR THEM TO SAY. BUT NOT EASY FOR ME TO DO.

AND IN ANY CASE, MY PERSONAL REPUTATION WAS NOT WHAT WAS REALLY AT STAKE. TO UNDERSTAND THE SERIOUSNESS OF THESE CRITICISMS, YOU HAVE TO GO BACK TO THE ORIGIN OF THE ASSIGNMENT, WHICH WAS TO ESTABLISH A CREDIBLE PUBLIC SPOKESPERSON WHO WOULD KEEP THE PUBLIC UP TO DATE WITH THE FACTS ABOUT AIDS.

IN TURN, THE PUBLIC HAD TO BE WILLING TO READ AND LISTEN TO THE FACTS AS I RELAYED THEM ... AND TO BELIEVE THEM.

THESE NONSENSICAL CRITICISMS COULD HAVE HAD THE EFFECT OF SERIOUSLY DAMAGING MY CREDIBILITY AND, HENCE, DENYING THE PUBLIC A SINGLE, RELIABLE, CREDIBLE SOURCE OF INFORMATION.

AFTER ALL, MY PREDECESSORS AS SURGEON GENERAL HAD SO CONDUCTED THEMSELVES THAT THE OFFICE OF SURGEON GENERAL WAS THE MOST CREDIBLE AND RELIABLE IN THE GOVERNMENT ... THE ENVY OF PRESIDENTS, I MIGHT ADD.

NOW IT WAS MY JOB TO DO AND SAY WHAT WAS NECESSARY -- BUT NEVERTHELESS MAINTAIN THE CREDIBILITY OF THIS OFFICE FOR MY SUCCESSORS AND FOR THE NATION. I TRULY BELIEVE THAT I SHOULD DO THAT.

AND I BELIEVE I HAVE. I'D LIKE TO TAKE FULL CREDIT FOR THE RESULTS. BUT IN ALL FAIRNESS I HAVE TO ADMIT THAT MY SUCCESS IS ALSO AN EXAMPLE OF THE POWER OF THE GOVERNMENT IN GAINING ACCESS TO THE MEDIA AND TO PUBLIC PLATFORMS, IF IT WANTS TO. AS A RESULT, I'VE BEEN ON EVERY TELEVISION NETWORK NEWS SHOW ... I'VE BEEN FEATURED IN ALL THE NEWSMAGAZINES ... AND THE WIRE SERVICES AND INDIVIDUAL CORRESPONDENTS HAVE QUOTED ME AGAIN AND AGAIN IN NEWSPAPERS AND MAGAZINES SERVING EVERY TOWN AND EVERY MANNER OF READERSHIP.

IN ADDITION, WE MAILED OUT A "SURGEON GENERAL'S REPORT" OF SORTS TO 107 MILLION AMERICAN HOUSEHOLDS, AN HISTORIC ACHIEVEMENT THAT'S A STORY IN ITSELF.

PUBLIC EDUCATION HAS BEEN MY JOB FOR THE PAST 3 YEARS. I'D GUESS THAT THE ONLY PEOPLE WHO GAVE MORE SPEECHES THAN I OVER THE PAST COUPLE OF YEARS WERE ALL THE CANDIDATES FOR PUBLIC OFFICE COMBINED.

AT LEAST, IT FEELS THAT WAY. IN ANY CASE, THE EDUCATIONAL EFFORT APPEARS TO HAVE HAD AN EFFECT. EVERY PUBLIC OPINION POLL OF THE PAST YEAR HAS SHOWN THAT PUBLIC KNOWLEDGE ABOUT AIDS IS EXTENSIVE AND REASONABLY ACCURATE. HOWEVER, OUR JOB IS FAR FROM OVER.

IN FACT, THERE IS A NEW AND MORE COMPLICATED AIDS MESSAGE FOR THE PEOPLE OF AMERICA. I'VE ALREADY BEGUN TO DEAL WITH IT, BUT MY SUCCESSOR WILL BE THE ONE TO CARRY OUT THIS PARTICULAR INFORMATIONAL ASSIGNMENT FOR THE NEXT FEW YEARS. BRIEFLY, THIS IS THE NEW, EVOLVING ISSUE TO BE ADDRESSED.

UNTIL THIS POINT, WE'VE BEEN ABLE TO DEAL WITH AIDS
WITHIN THE FAMILIAR PUBLIC HEALTH MODEL OF COMPASSION
AND REDEMPTION: THE AMERICAN PEOPLE FEEL BAD WHEN ANY
OF THEIR NUMBER GET SICK AND THEY TRULY WANT TO HELP.

THEY ALSO FEEL THEY ARE SUFFICIENTLY REWARDED BY THE
RETURN OF THE ILL OR DISABLED PERSON TO HIS OR HER FAMILY,
COMMUNITY, SCHOOL OR WORKPLACE. THAT'S REDEMPTION.

AIDS DRAWS UPON THE GREAT RESERVOIR OF COMPASSION IN THIS COUNTRY. ALSO, EXCEPT FOR THE FINAL WEEKS OF A TERMINAL, AIDS-RELATED ILLNESS, A PERSON WITH AIDS MAY CONTINUE VIRTUALLY ANY NORMAL, ROUTINE WAY OF LIFE -- INCLUDING WORK, EDUCATION, AND SO ON -- WITHOUT FURTHER ENDANGERING HIMSELF OR HERSELF OR ANYONE ELSE, FOR THAT MATTER.

BUT REDEMPTION IS FAR FROM ASSURED. THE MORTALITY RATE FOR AIDS IS STATISTICALLY BETTER THAN 90 PERCENT ... WHICH, FOR ALL INTENTS AND PURPOSES, IS TO SAY IT'S 100 PERCENT. HENCE, AIDS IS NOT LIKE HYPERTENSION, SYPHILIS, T.B., OR THE FLU. WE CAN BEAT THOSE DISEASES. BUT AIDS IS STILL BEATING US.

ALSO, AFTER HEARING AND SEEING SEVERAL YEARS' WORTH OF INTENSIVE PUBLIC EDUCATION ON THE SUBJECT, THE AMERICAN PEOPLE MAY NOT BE INCLINED TO BE FORGIVING AND COMPASSIONATE WITH SOMEONE WHO -- TODAY -- ENGAGES IN CASUAL, UNPROTECTED ANAL INTERCOURSE OR WHO SHOOTS ILLEGAL DRUGS WITH A USED, AIDS-INFECTED NEEDLE AND CATCHES AIDS.

I HAVE BEEN PREACHING AND TEACHING THAT WE MUST
FIGHT THE DISEASE OF AIDS ... NOT THE PEOPLE WHO HAVE IT.
AND I STILL BELIEVE THAT HAS TO BE OUR ATTITUDE.

BUT I'M ALSO A REALIST AND I DON'T SEE THE AMERICAN
PEOPLE BEING ABLE TO KEEP THAT DISTINCTION CLEAR IN THEIR
MINDS FOR MUCH LONGER.

THE COST TO THE AMERICAN TREASURY IS ALREADY
BEGINNING TO MOUNT WELL BEYOND ANYTHING WE COULD HAVE
IMAGINED 2 OR 3 YEARS AGO.

THE AVERAGE ANNUAL COST FOR THE CARE OF A SINGLE PERSON WITH AIDS RANGES FROM \$40,000 TO OVER \$100,000, DEPENDING ON WHAT YOU INCLUDE IN THE COMPUTATION AND WHETHER YOU ARE ON THE WEST COAST OR THE EAST COAST.

IF YOU TAKE THE MEAN COST, MULTIPLY IT BY THE CURRENT ANNUAL CASELOAD OF 33,000 PATIENTS, YOU COME UP WITH A THEORETICAL COST OF PATIENT CARE THIS YEAR THAT COULD EXCEED \$2 BILLION.

AND THIS IS TERMINAL CARE FOR SOME INDIVIDUALS WHO, DESPITE PUBLIC ADVICE NOTICE TO THE CONTRARY, CHOSE TO DO SOMETHING RISKY. THEY GAMBLERD ... AND LOST.

SO THE COST OF COMPASSION WITHOUT REDEMPTION IS ALREADY VERY HIGH -- AND IT CAN ONLY GET HIGHER UNTIL WE FIND A VACCINE. BUT, AS I SAID A FEW MOMENTS AGO, WE ARE STILL SEVERAL YEARS -- MAYBE A DECADE -- AWAY FROM THE DEVELOPMENT AND RELEASE OF AN AIDS VACCINE.

I BELIEVE IT IS ABSOLUTELY ESSENTIAL THAT WE LOOK AT THIS PROBLEM WITH CLEAR EYES ... AND THEN, WITH THE SAME CLEAR EYES, PUT ASIDE OUR NATURAL INSTINCTS TO BE VINDICTIVE OR HOLIER-THAN-THOU OR TO SAY "I TOLD YOU SO" AND, INSTEAD, PURSUE THE TRADITIONAL, NON-JUDGMENTAL AMERICAN COURSE OF PUBLIC HEALTH CARE.

I BELIEVE THAT MAY TURN OUT TO BE THE AIDS MESSAGE OF THE 90S. AND I DON'T ENVY ANYONE WHO HAS TO DELIVER IT.

THIS BURDEN UNFORTUNATELY, WILL FALL MOST HEAVILY UPON THE LEADERSHIP OF THE BLACK COMMUNITY, WHERE THE SHARPEST AND MOST ALARMING INCREASES IN AIDS CASES ARE BEING REPORTED, DIRECT RESULTS -- I SHOULD ADD -- OF THE DRUG EPIDEMIC IN THAT SAME COMMUNITY. I CAN ONLY HOPE AND PRAY THAT AMERICAN BLACKS WILL HAVE LEARNED FROM THE EARLY EXPERIENCE OF THE HOMOSEXUAL COMMUNITY AND NOT POLITICIZE THE ISSUE. IN PUBLIC HEALTH MATTERS, POLITICAL POSTURING COSTS LIVES ... IT DOES NOT SAVE THEM.

THE POLITICAL CAMPAIGN TO KEEP OPEN THE BATH-HOUSES OF SAN FRANCISCO WAS STUPID AND DANGEROUS. AND EQUALLY STUPID AND DANGEROUS WAS THE ASSERTION BY AN ASSISTANT TO THE MAYOR OF CHICAGO THAT THE BLACK COMMUNITY WAS THREATENED BY AIDS BECAUSE JEWISH DOCTORS WERE INJECTING THE VIRUS INTO BLACK CHILDREN.

THE GOOD SENSE AND GOOD HEART OF THE AMERICAN PEOPLE -- OF ALL THE AMERICAN PEOPLE -- MUST BE APPEALED TO AND MOBILIZED FOR THE REMAINING YEARS THAT THIS AGGRESSIVE AND VICIOUS DISEASE SURVIVES AMONG US.

AND THAT'S A JOB FOR PEOPLE ON BOTH SIDES OF THE BRASS
BUTTONS I USED TO WEAR.

NOW, YOU'VE BEEN EXTREMELY PATIENT, SO I WILL CLOSE
WITH A FEW BRIEF, FINAL REMARKS.

WHEN I ASSUMED THE OFFICE OF SURGEON GENERAL, THE BIG TOPIC ON MY OFFICIAL AGENDA WAS SMOKING. AND I WAS DETERMINED TO DO WHATEVER I COULD TO REDUCE SMOKING IN THIS COUNTRY. IT WAS -- AND STILL IS -- THE LEADING CAUSE OF DEATH AND DISABILITY IN THIS COUNTRY.

IN 1984 I DECIDED TO BITE THE BULLET, SO TO SPEAK, NO LONGER WAGE A PIECE-MEAL CAMPAIGN AGAINST SMOKING BUT TO GO ALL-OUT. AND SO I SENT OUT A "CALL" TO MAKE THIS A "SMOKE-FREE SOCIETY BY THE YEAR 2000."

THAT "CALL" -- PLUS THE RELENTLESS ANNUAL PUBLICATION OF DATA ON THE DANGERS OF SMOKING -- HAVE HAD AN EFFECT. PER CAPITA CIGARETTE CONSUMPTION IS DEFINITELY GOING DOWN IN THIS COUNTRY.

UNFORTUNATELY, IN ONE OF THE MOST DISGRACEFUL EXAMPLES OF PRIVATE ENTERPRISE GONE AMOK, THE CIGARETTE INDUSTRY IS FOCUSING ITS HIGH-POWERED MARKETING ATTENTION ON THE UNPROTECTED CITIZENS OF THIRD-WORLD NATIONS IN ASIA, AFRICA, AND SOUTH AMERICA.

AS A RESULT, THOSE NATIONS ARE NOW BEGINNING TO EXPERIENCE THE SAME RISE IN SMOKING-RELATED DISEASES THAT WE EXPERIENCED A GENERATION AGO ... HEART DISEASE, STROKE, AND CANCER OF THE LUNG, MOUTH, ESOPHAGUS, AND STOMACH.

AS SURGEON GENERAL I WAS -- AND AS A PRIVATE CITIZEN, I AM-- APPALLED BY THIS BEHAVIOR OF AMERICAN COMPANIES AND, FURTHER, I AM SHOCKED BY THE OUR OWN GOVERNMENT'S SUPPORT OF SUCH BEHAVIOR.

WE WILL JUSTLY EARN THE TITLE OF "THE UGLY AMERICAN", AS WE CONTINUE TO EXPORT DISEASE, DISABILITY, AND DEATH TO THE THIRD WORLD WHICH WILL NEVER BE ABLE TO PAY THE HEALTH BILL DOWN THE ROAD.

I DO NOT BELIEVE THE UNITED STATES WILL EVER AGAIN BE A GOOD MARKET FOR TOBACCO PRODUCTS. THE CURVE IS GOING DOWN AND ACCELERATING.

AND I FEEL QUITE GOOD ABOUT THE ROLE I BELIEVE I PLAYED IN BRINGING ABOUT THIS MARKET CHANGE. DURING MY TENURE, SMOKING IN THE UNITED STATES DROPPED FROM 33 PER CENT TO 26 PER CENT.

MY ONE REGRET IS THAT I AM LEAVING OFFICE JUST AS THE FIGHT IS BEGINNING TO RID THE REST OF THE WORLD OF THE SCOURGE OF TOBACCO AS WELL. IT'S A SHAME, BECAUSE I REALLY FEEL UP TO IT.

BUT I MUST LEAVE THAT CAMPAIGN TO MY SUCCESSOR.

AND LASTLY, I LEAVE TO MY SUCCESSOR -- AND ALL SUCCESSORS THEREAFTER -- THE SURE KNOWLEDGE THAT YOU CAN MAKE A DIFFERENCE THROUGH PUBLIC SERVICE ... AND THAT THE DIFFERENCE MAY BE IN YOURSELF, AS WELL AS IN YOUR NATION.

AND BOTH ARE DEFINITELY WORTH THE TROUBLE.

THANK YOU.

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